



**Colorado Department of Public Health and Environment
Child and Adult Care Food Program**

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Colorado Department
of Public Health
and Environment

Child and Adult Care Food Program New Applicant Intake Form

Institution Name (Legal Name Filed with the Colorado Secretary of State):	
Site Name (if different):	
Center/Site Representative:	Title:
Name of Director:	
Street Address:	
Mailing Address (if different):	
Date of inquiry:	Phone Number: (Required)
Fax Number:	Email Address: (Required)

How did you hear about the CACFP? _____

Please check one or more of the following:

- ☐ Child Care
 ☐ Infant Care
 ☐ After School At-Risk
 ☐ Homeless Shelter
 ☐ Adult Day Care
☐ Preschool
☐ Private School
☐ Public School
☐ Headstart

1. Is the center licensed? ☐ Yes ☐ No
2. If you are an Adult Day Care Facility do you have a Medicaid Certificate? ☐ Yes ☐ No
3. Is the center non-profit or for profit? ☐ Non-profit ☐ For-profit ☐ Public Entity
4. Does the center charge separately for meals? ☐ Yes ☐ No
5. Are meals purchased from another organization or prepared on-site? ☐ Purchased ☐ On-site
6. Number of centers run by the institution? _____
7. Average daily attendance _____
8. License capacity? _____
9. Does the center have an after school program? ☐ Yes ☐ No (If yes, proceed with questions below.)

a. Who operates the program?

b. Does the program include educational or enrichment activities? ☐ Yes ☐ No

(If no, the program doesn't qualify as an after school At-Risk Program.)

c. What is the School Area?

- ☐ Nearest Elementary School _____
☐ Nearest Middle School _____
☐ Nearest High School _____

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